



OFFICE OF RETIREMENT SERVICES

Serving the Customers of the Judges, Public School Employees,
State Employees, and State Police Retirement Systems

PO Box 30171, Lansing, MI 48909-7671 www.michigan.gov/ors

Telephone: 517-322-5103 Outside Lansing: 800-381-5111

State Employees' Defined Benefit Retirement Application

You must complete this application for retirement and submit it to the Office of Retirement Services (ORS) before the Retirement System can issue you a pension payment. A delay in filing your completed application forms could result in a loss of pension payments. If you later decide to cancel your application, you must inform ORS at least one week before your initial pension payment is mailed. Completing and submitting this form does not guarantee you a pension.

ORS will not accept this form with visible erasures or corrections. If you make a mistake completing this form, you can download a copy from our website at www.michigan.gov/ors or call (800) 381-5111 toll-free to order a new form.

Retirement Effective Date: Your retirement effective date is the first day of the month after the month in which you terminate state employment and meet the age and service requirements. For example, if you terminate state employment December 20, your retirement effective date is January 1.

Proof of Age: You must provide ORS with proof of your age and your beneficiary's date of birth if you choose a survivor pension. Acceptable documentation is listed below. **Photocopies are acceptable and need not be certified.**

Group I: Any one of these is sufficient. Birth certificate; hospital birth record; church baptismal record established during the first few years of your life; passport; delayed birth certificate; verification of birthdate by the Social Security Administration; foreign passport; immigration record established upon arrival in the United States; naturalization record (citizenship paper); or alien registration card.

Group II: If you cannot supply a Group I record, provide a minimum of any two records from Group II: School record; church record; census record; statement from the physician or midwife who attended the birth; family Bible or other family record; insurance policy; marriage record; employment record; military record; or child's birth certificate showing parent's age.

Section 1:

A. Indicate whether you have an Eligible Domestic Relations Order (EDRO) or other domestic relations order on file or pending with the retirement system.

B-F. Having received Workers' Compensation payments or purchasing service credit may help you

qualify for a pension or enhance the pension payments you receive. Please respond to the questions in B, C, D, E, and F. If you wish to purchase credit, review the ORS publication *Enhancing Your Pension* to determine which type(s) of service you are eligible to purchase. Please follow the instructions given for each type.

Section 2: Option Election

Electing a pension option is one of the most important decisions you will make. It determines if, or how, your pension and insurance coverage will continue to your spouse or other designated beneficiary after you die.

Before completing this section, refer to the *Retirement Readiness* publication for definitions of your pension option choices. A thorough understanding of the options is crucial before you make your selection. If you want a further explanation of your retirement options, contact ORS.

Check only one box indicating your option election. Be sure the box you check accurately reflects your pension option choice. You *cannot* change your option election on or after your retirement effective date.

If you elect an Equated Plan for your retirement, you **MUST** provide our office with a Social Security Administration (SSA) estimate of earnings and benefits. You can get the estimate from your local Social Security Office, call SSA toll-free at (800) 772-1213 or go to the SSA website at www.ssa.gov/.

Section 3: Pension Beneficiary Designation

Pension Survivor Benefits: If you are married, your spouse is automatically your 100% Survivor, 75% Survivor, or 50% Survivor beneficiary. *If your designated beneficiary is not your spouse, or you select Straight Life, your spouse must complete Section 6 on the form by signing where indicated, thereby relinquishing his or her automatic survivor benefit.*

If you choose 100% Survivor, 75% Survivor, or 50% Survivor, your beneficiary will continue to receive a pension and other retirement benefits for the rest of his or her life. Only your spouse, brother, sister, parent, child (including an adopted child), or grandchild, may be your 100% Survivor, 75% Survivor, or 50% Survivor pension beneficiary.

Section 4: Refund Beneficiary Designation

Refund of Contributions: If you select a Straight Life or Straight Life Equated pension option, or if your pension beneficiary dies before all personal

contributions and interest, if any, have been paid, your refund beneficiary(ies) may be eligible to receive a refund.

You may designate one or more persons as your refund beneficiary(ies). Any refund due will be paid in equal shares to these designated refund beneficiaries, or if none are living, to your legal representative or your estate.

Please complete all the boxes regarding your beneficiary(ies), no matter which pension option you elect.

You cannot name a trust as your pension beneficiary or a refund beneficiary. However, if you wish to have your benefits administered by a trust, you can indicate your eligible beneficiary, by name, "in care of" the trust. If you have questions about this, call ORS at 800-381-5111.

Section 5: Applicant's Certification

By signing this form, you are certifying the pension option marked in Section 2 is your correct choice.

Before you sign, be sure you fully understand the pension option you chose and the survivor benefits it will, or will not, provide after your death. Be sure the box you check is the one you want. ***Your pension option choice is irrevocable once your pension begins.***

Section 6: Spouse's Certification

If you are married on your retirement effective date, your spouse's signature is required where indicated **only** if you select Straight Life, **OR** if you designate someone other than your spouse as the survivor pension beneficiary. By signing in the Spouse's Signature box, your spouse authorizes you to designate another eligible person as pension beneficiary **or** choose Straight Life, and gives up all rights to any benefits. If you are not married, write "None" in the Spouse's Signature box.

Return the completed form and attachments to:

**Office of Retirement Services (ORS)
P.O. Box 30171, Lansing, MI 48909-7671**

Retiring Applicant's Checklist

ORS cannot process your retirement application until you submit all required forms and documents. Use this checklist to be sure you include the following completed forms and required documents when you file your application to retire.

NOTE: Where a witness's signature is required, the witness must be someone other than your beneficiary.

- ☐ **State Employees' Defined Benefit Retirement Application (R131G):** Provide all requested information. Verify that the Survivor Pension beneficiary you name is eligible for the retirement benefit option you select. Be sure to sign the form. ***If you are married and elect a Straight Life or Straight Life Equated option, or if you name someone other than your spouse as beneficiary, your spouse MUST sign at the bottom.***
- ☐ **Social Security Administration Estimate of Earnings and Benefits:** ***This is only required if you select an Equated Plan Option on your Retirement Application (R131G).*** If you elect an Equated Plan for your retirement, you **MUST** provide our office with a Social Security Administration estimate of earnings and benefits. You can get the estimate from your local Social Security Office, call Social Security Administration toll-free at (800) 772-1213 or go to their website at www.ssa.gov/. **Be sure to tell SSA you MUST have an age 65 estimate.**

- ☐ **Proof of your birth date:** If your birth certificate is not available, refer to "Proof of Age" on page 1 of this form for a listing of acceptable alternative documentation.
- ☐ **Proof of your beneficiary's birth date if electing a Survivor Option:** If your beneficiary's birth certificate is not available, refer to "Proof of Age" on page 1 of this form for a listing of acceptable alternative documentation.
- ☐ **Life Insurance Beneficiary Designation (UG2787)**
- ☐ **Health, Vision, and Dental Insurance Group Insurance Application (R329M):** Complete and sign lower portion of form to enroll in or decline health and/or dental/vision coverage.
- ☐ **Electronic Funds Transfer Application (R277X):** To elect Electronic Funds Transfer (EFT) (Direct Deposit), complete the top and bottom sections of the form, sign it, and return it to ORS.
- ☐ **Federal Income Tax Withholding (R12X):** Complete and sign the lower portion of form. If no form is received and your monthly pension is over \$1,440, the default withholding is married with three exemptions.

Please carefully read all documents enclosed in the retirement application packet. Complete all of the forms and return them with your application to the ORS address above. Please keep a copy of all forms for your records.



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State Employees' Defined Benefit Retirement Application

NAME	SOCIAL SECURITY NUMBER*	EMPLOYEE NUMBER
STREET ADDRESS	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE	DATE OF BIRTH*
CITY, STATE, ZIP	WORK PHONE	HOME PHONE
DEPARTMENT/AGENCY	LAST DAY ON PAYROLL	RETIREMENT EFFECTIVE DATE

Section 1: Please respond to the following questions.

- A. Do you have an Eligible Domestic Relations Order (EDRO) or other domestic relations order on file or pending with the retirement system? ☐ NO ☐ YES
- B. Have you ever received weekly Workers' Compensation? ☐ NO ☐ YES If YES, list all the years in which you received Workers' Compensation. _____
- C. Are you planning to purchase additional service credit? *Do not include service credit already purchased.*
☐ NO ☐ YES If YES, complete D, E, and F below.
- D. How much service credit are you planning to purchase? _____ Years _____ Months
- E. Have you already received your bill for this service credit purchase? ☐ NO ☐ YES
- F. What is your method of payment? ☐ Direct (cash/check) ☐ Tax-Deferred Payment (TDP) ☐ 401k/457 Rollover

Section 2A: Pension Options Use the pension options explanations shown below to select your desired pension option. **Mark the box in Section 2B on page 2 indicating your choice.** If you are married, you must elect 100% Survivor (or 100% Equated), 75% Survivor (or 75% Equated), or 50% Survivor (or 50% Equated) naming your spouse as beneficiary **unless your spouse declines such a benefit.** See Sections 5 and 6 on the reverse side.

STRAIGHT LIFE. I wish to receive an unreduced pension for my lifetime and, upon my death, provide no continuing survivor pension or insurance benefits for my spouse OR other eligible beneficiary.

STRAIGHT LIFE EQUATED. I wish to combine Straight Life with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. (You must provide a Social Security estimate.)

100% SURVIVOR. I wish to receive a reduced pension for my lifetime and, upon my death, provide 100% of that pension amount, with insurance benefits, for the lifetime of my spouse OR other eligible beneficiary.

100% EQUATED. I wish to combine 100% Survivor with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. (You must provide a Social Security estimate.)

75% SURVIVOR. I wish to receive a reduced pension for my lifetime and, upon my death, provide 75% of that pension amount, with insurance benefits, for the lifetime of my spouse OR other eligible beneficiary.

75% EQUATED. I wish to combine 75% Survivor with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. (You must provide a Social Security estimate.)

50% SURVIVOR. I wish to receive a reduced pension for my lifetime and, upon my death, provide 50% of that pension amount, with insurance benefits, for the lifetime of my spouse OR other eligible beneficiary.

50% EQUATED. I wish to combine 50% Survivor with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. (You must provide a Social Security estimate.)

Section 2B: Pension Option Election: Check ☒ only one box indicating your option choice.

☐ STRAIGHT LIFE ☐ 100% SURVIVOR ☐ 75% SURVIVOR ☐ 50% SURVIVOR
☐ STRAIGHT LIFE EQUATED ☐ 100% EQUATED ☐ 75% EQUATED ☐ 50% EQUATED

Section 3: Survivor Pension Beneficiary Designation: Complete this section if you have selected one of the survivor options. See the Pension Beneficiary Designation section beginning on page 1 of this form for a list of eligible beneficiaries. You can only nominate one individual as a pension beneficiary.

PENSION BENEFICIARY NAME	<input type="checkbox"/> MALE* <input type="checkbox"/> FEMALE*	BIRTHDATE*	SOCIAL SECURITY NUMBER*
BENEFICIARY'S ADDRESS, CITY, STATE, ZIP		RELATIONSHIP TO MEMBER	

Section 4: Refund Beneficiary Designation: Use this section to name one or more refund beneficiary(ies). You can name any person you wish. A refund of your personal contributions and interest, if any, that were not paid before all pension benefits cease would be paid in equal shares to your refund beneficiary(ies). (Use additional sheets if necessary.)

REFUND BENEFICIARY NAME	<input type="checkbox"/> MALE* <input type="checkbox"/> FEMALE*	BIRTHDATE*	SOCIAL SECURITY NUMBER*
BENEFICIARY'S ADDRESS, CITY, STATE, ZIP		RELATIONSHIP TO MEMBER	
REFUND BENEFICIARY NAME	<input type="checkbox"/> MALE* <input type="checkbox"/> FEMALE*	BIRTHDATE*	SOCIAL SECURITY NUMBER*
BENEFICIARY'S ADDRESS, CITY, STATE, ZIP		RELATIONSHIP TO MEMBER	
REFUND BENEFICIARY NAME	<input type="checkbox"/> MALE* <input type="checkbox"/> FEMALE*	BIRTHDATE*	SOCIAL SECURITY NUMBER*
BENEFICIARY'S ADDRESS, CITY, STATE, ZIP		RELATIONSHIP TO MEMBER	

Section 5: Applicant's Certification: I certify I am retiring and electing the retirement option as indicated in Section 2B above. I understand that my spouse (if any) is my retirement pension beneficiary, unless my spouse by written signature below relinquishes the automatic benefit in favor of another eligible beneficiary or agrees that I may elect Straight Life or Straight Life Equated. I understand my pension option choice and pension beneficiary nomination are final and irrevocable on or after my retirement effective date.

APPLICANT'S SIGNATURE	DATE
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Section 6: Spouse's Certification: Your spouse must sign this form only if you have selected Straight Life (or Straight Life Equated), OR if he/she has not been named as the survivor pension beneficiary. If you are not married, write NONE in the spouse's signature box.

I understand by law I am automatically my spouse's 100% Survivor (or 100% Equated), 75% Survivor (or 75% Equated), or 50% Survivor (or 50% Equated) retirement pension beneficiary. However, by my signature, I authorize my spouse to either: elect Straight Life (or Straight Life Equated); **OR**, designate the above named eligible person as the survivor pension beneficiary. I understand that by this authorization I relinquish all rights to any benefit.

SPOUSE'S SIGNATURE (WRITE "NONE" IF NOT MARRIED)	DATE
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**Make a copy of this completed form for your records, then mail the original with your attachments to:
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